

PARKS & RECREATION • SUMMER CAMP 2013 • REGISTRATION FORM

Mailing Address: 301 Grove St, Lynchburg VA 24501

Physical Address: 2704 Concord Trpk, Lynchburg VA 24504

434-455-5858 • www.lynchburgva.gov/parksandrec • FAX 434-528-2794

Submit one form for each camper – please print. Proof of age/residency/guardianship may be required.

How did you hear about Summer Camps? ☐ Returning Camper ☐ Activity Guide ☐ Website ☐ Email ☐ Facebook ☐ LTV ☐ TV
☐ Newsletter ☐ Newspaper ☐ Friend ☐ School Flyer ☐ Other: _____

Camper's Name: _____ **Date of Birth:** ____ / ____ / ____
☐ Female ☐ Male

Parent's/Guardian's Name: _____ **Email:** _____

City of Lynchburg Resident? ☐ Yes ☐ No *Only participants living in the City of Lynchburg are eligible for Lynchburg Resident (LR) Fee.*

Street Address (REQUIRED):	Mailing Address (IF DIFFERENT THAN STREET ADDRESS):
Street Address City State Zip	Street Address or PO Box City State Zip



Home Phone: _____ **Cell:** _____ **Work:** _____

Camp / Session / Location	Date	Times	Activity #	Fee / LR Fee
Fairview eXtreme				
<input type="checkbox"/> Session 1 – Fairview Center	June 3 – June 28	12:00 – 6:00 pm	63200.220	
<input type="checkbox"/> Session 2 – Fairview Center	July 8 – August 2	12:00 – 6:00 pm	63200.230	
Naturalists Camps				
<input type="checkbox"/> Young Naturalist – Ivy Creek Park	June 24 – June 28	9:30 am – 11:30 am	54001.202	
<input type="checkbox"/> Summer Adventure Camp – Ivy Creek Park	August 5 – August 9	8:30 am – 5:30 pm	54001.201	
<input type="checkbox"/> Shark Camp! – Nature Zone	August 12 – August 14	8:30 am – 5:30 pm	54001.203	
Skills & Drills Sports Camps				
<input type="checkbox"/> Skills & Drills for Boys – Jefferson Park	June 10 – June 14	8:30 am – 5:30 pm	62200.202	
<input type="checkbox"/> Skills & Drills for Girls – Jefferson Park	August 12 – August 16	8:30 am – 5:30 pm	62201.203	
Summer at the Center Camps – Full Day				
<input type="checkbox"/> Session 1 – Diamond Hill Center	June 3 – June 28	8:30 am – 5:30 pm	66200.201	
<input type="checkbox"/> Session 2 – Diamond Hill Center	July 8 – August 2	8:30 am – 5:30 pm	66200.202	
<input type="checkbox"/> Session 1 – Yoder Center	June 3 – June 28	8:30 am – 5:30 pm	64200.201	
<input type="checkbox"/> Session 2 – Yoder Center	July 8 – August 2	8:30 am – 5:30 pm	64200.202	
Summer at the Center Camps – Half Day				
<input type="checkbox"/> Daniel's Hill Center	June 25 – August 2	12:00 pm – 5:30 pm	67200.201	
<input type="checkbox"/> Jefferson Park Center	June 25 – August 2	12:00 pm – 5:30 pm	62200.201	
Transportation Camps				
<input type="checkbox"/> Transportation Camp – Daniel's Hill Center	June 3 – June 7	8:30 am – 5:30 pm	67200.202	
<input type="checkbox"/> Transportation Camp, Jr. – Daniel's Hill Center	August 5 – August 9	8:30 am – 5:30 pm	67201.203	

Total Due: \$

OFFICE USE ONLY Receipt # _____ Processed by: _____ Date: _____

Method of Payment

- ☐ Cash (Do not send cash through the mail.)
☐ Check (# _____)
☐ Money Order
☐   Expiration Date: _____

CREDIT CARD AUTHORIZATION

Must be complete for all credit transactions.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Total Amount Charged: \$ _____
 Cardholder Name: _____
 Cardholder Signature: _____

Name and Address of Person Paying Camp Fee (if different than parent/guardian):

Name _____ Street Address _____ City _____ State _____ Zip _____

REFUND POLICY

- Refunds will only be considered if requested at least 10 business days prior to the start of the camp and may be subject to an administrative fee for incurred costs.
- No refunds (or partial refunds) will be issued to participants who fail to attend a camp.

MEDICAL INFORMATION

Physician's Name _____ Office Phone # _____

List all allergies, including drug and food allergies: _____

List any important medical notes: _____

I understand that Parks & Recreation staff will not serve as the custodian of and will not dispense or administer any medications, inhalers, epinephrine injectors, or similar medical devices as part of the camp program. It is my child's responsibility to maintain custody of and administer any medications or medical devices my child may need. _____ (initial)

In the event of a medical emergency, I authorize camp staff to contact EMS at 911. If my child requires medical treatment I agree to be responsible for the cost of such treatment. _____ (initial)

EMERGENCY CONTACTS

Name _____ Relationship _____

Phone # _____
Home Cell Work/Other

Name _____ Relationship _____

Phone # _____
Home Cell Work/Other

DISMISSAL INSTRUCTIONS / CHECK ONE

- ☐ My child has permission to sign out at the end of the camp day. I am aware that camp staff is not responsible for my child after they have left the camp program. _____ (initial)
- ☐ My child will remain at camp; I will pick up my child at the end of the camp day. _____ (initial)
- ☐ Only the following individuals have been authorized to pick up my child. _____ (initial)
- Name: _____ Relationship: _____
- Name: _____ Relationship: _____

TRANSPORTATION PERMISSION

I grant permission for my child to utilize transportation provided by Parks & Recreation for field trips and camp activities. _____ (initial)

MOVIE PERMISSION

Campers may watch movies which have been rated G or PG by the Motion Picture Association of America.

- ☐ I do not give my child permission to watch G or PG rated films. _____ (initial)
- ☐ I give my child permission to watch G or PG rated films. _____ (initial)

LIABILITY & PHOTO RELEASE

I hereby release and hold harmless the City of Lynchburg, its officers, its employees and its partners from all actions, causes of action, damages and claims, or demands which I, my heirs, executors, administrators, or assignees may have against the City of Lynchburg, and/or other described parties for all personal injuries known or unknown incurred by participation in this/these activity/ies. _____ (initial)

I grant permission to use my child's name and likeness in any official communication materials. Materials may include, but are not limited to, Department publications, videos, billboards, television, print, social media, and web use. _____ (initial)

Sign Here →

Parent / Guardian Sign

Date

*If you are a City resident, in need of financial assistance, you may qualify for a scholarship.
For further information, contact Center Staff or call Parks & Recreation Customer Service 455-5858.*

TWO EASY WAYS TO COMPLETE YOUR REGISTRATION

MAIL IN: Return Registration Form and payment, check or money order, made payable to City of Lynchburg to:
Lynchburg Parks & Recreation Department, 301 Grove St, Lynchburg, VA 24501

WALK IN: Registration Form and payment accepted at the Lynchburg Parks & Recreation Customer Service Desk,
2704 Concord Turnpike or your nearest Recreation Center, Monday-Friday except City holidays.